

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-031695

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 384 Primary Registration District No. 3099 Registrar's No. 159

FILED AUG 22 1962

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE</u>		c. CITY OR TOWN <u>MARCELINE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>110 W. HAUSER</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>BASIL WALTER CLARK</u>		4. DATE OF DEATH Month Day Year <u>8-12-62</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-5-94</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LOCOMOTIVE ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	
11a. PLACE (City and state or country) <u>INDIANA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>GIBSON B. CLARK</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA BALDWIN</u>	
14. NAME OF HUSBAND OR WIFE <u>NINA CLARK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWII</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>[REDACTED]</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SUICIDE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 MIN.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>SHOT SELF IN RIGHT TEMPLE WITH</u>		DUE TO (c) <u>22 CAL LEVER ACTION RIFLE</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>RECORD OF DEPRESSION SINCE WIFE DIED</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <u>5-25-62</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>AS ABOVE IN BASEMENT OF</u>	
20c. TIME OF INJURY Hour a.m. <u>7:30</u> Month, Day, Year <u>8-12-62</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		
20e. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>MARCELINE</u>		
21. I attended the deceased from <u>8:05</u> to <u>8:05</u> and last saw her alive on <u>8-12-62</u>		21. I attended the deceased from <u>8:05</u> to <u>8:05</u> and last saw her alive on <u>8-12-62</u>	
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>Madison, Missouri</u>	
22c. DATE SIGNED <u>8-12-62</u>		22d. CITY, TOWN, OR LOCATION <u>MARCELINE</u>	
22e. STATE <u>Mo</u>		22f. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>8-15-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE CEM</u>		23d. LOCATION (City, town, or county) <u>MARCELINE</u>	
23e. FUNERAL DIRECTOR <u>Miller Tillotson</u>		23f. ADDRESS <u>MARCELINE</u>	
23g. DATE RECD. BY LOCAL REG. <u>8-14-62</u>		23h. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

6581

2581

3

4 0

5 2

6

7 1

8 2

976X

10

11

124-3

132-0

AUG 28 1962

SEP 5 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leburn K Tidatson

Licensed Embalmer No. 4508

P. O. Address: Murricane Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.